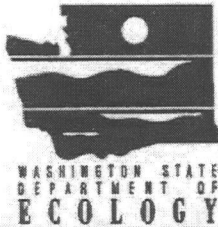


LDWSF  
12.3.412.1  
3-31-99

VERIFICATION FORM



Dangerous Waste Annual Report Verification Form 1998

Washington State Department of Ecology  
Hazardous Waste Information  
P. O. Box 47658  
Olympia, WA 98504-7658  
(800) 874-2022 (within state)  
(360) 407-8170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification	P3
VF				
GM				
WR				
OI				

Site Location Information:

RCRA Site ID:

Company Name: LONG PAINTING COMPANY

Site Location: 8025 10TH AVE SOUTH

City/State/Zip: SEATTLE, WA 98108-4498

County: KING

Dept. of Revenue Tax Registration Number:

Primary SIC: 1721

Current company name if different from above

This Report is  
Due  
No Later Than  
March 1, 1999

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is:

1b

Name: LONG PAINTING CO  
Mail Address: PO BOX 81435  
SEATTLE, WA 98108-1335

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_

2a The legal company/agency owner of this site is:

2b

Name: ANNE LONG  
Mail Address: PO BOX 81435  
SEATTLE, WA 98108  
Work Phone: 206-763-8050 Ext: \_\_\_\_\_

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Did the company ownership of this site change in 1998?

☐ Yes Date: \_\_\_\_\_

(continue to the right):

☒ No (go to 3a):

I represent the:

☐ Current Company Owner

☐ Previous Company Owner

☐ I need a Notification Form sent to me

☐ I have already submitted a revised Notification Form

This report covers waste activity for: ☐ Entire year ☐ My term of ownership only

3a The land owner of this site is:

3b

Name: ANNE LONG  
Mail Address: PO BOX 81435  
SEATTLE, WA 98108  
Phone: 206-763-8050 Ext: \_\_\_\_\_

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

4a The contact for site visits and inspections is:

4b

Name/Title: JOHN CARLSON  
Mail Address: PO BOX 81435  
SEATTLE, WA 98108  
Work Phone: 206-763-8050 Ext: \_\_\_\_\_

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

5a The contact for annual report forms is:

5b

Name/Title: JOHN CARLSON  
Mail Address: PO BOX 81435  
SEATTLE WA 98108  
Work Phone: 206-763-8050 Ext: \_\_\_\_\_

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Page 1 of 42



# DANGEROUS WASTE ANNUAL REPORT

## 6. Generator Status and Waste Management Activities

Indicate the facility's generator status for 1998 by checking the appropriate boxes below. If your status has changed from last year, please use the Comments section (#8, below) to explain.

### 6a. Generator Status

- ☒ Large Quantity Generator (LQG)  
☐ Medium Quantity Generator (MQG)  
☐ Small Quantity Generator (SQG)  
☐ No regulated dangerous waste generated

### 6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste  
☐ Transporter for commercial purposes

### 6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility  
☐ For waste generated by other facilities

### 6d. Excluded On-Site Waste Management

- ☐ Permit-by-Rule - (PBR)  
☐ Recycling without prior storage or accumulation

## 7. Report Summary

Please check off which forms are included in this report and provide the total number of pages. For electronic data submittal, please indicate method of your submission.

### 7a. Paper Form Submittal

- ☒ Verification (VF) Form  
☒ Generation and Management (GM) Form  
☒ Off-site Identification Information (OI) Form  
☒ Waste Received (WR) Form  
☐ Recycling Credit documentation attached

Total Number of pages submitted

### 7b. Electronic Data Submittal

- ☐ Verification (VF) Form  
☐ Disk(s) included  
☐ Data submitted on Internet  
☐ Recycling Credit documentation attached

## 8. Comments

NONE

## 9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink)

Name (print/type)

Date

Title

John Carlson  
JOHN CARLSON  
3/31/99  
SAFETY DIRECTOR

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

Do Not FAX this document unless requested by the Department of Ecology.

Page 2 of 48

# OFF-SITE IDENTIFICATION INFORMATION FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many copies of this two-sided answer sheet as you will need.

## PLEASE ENTER:

Your Site ID #: WA0044036747

Site name: LONG PAINTING

## FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Please complete this form if your facility received dangerous waste from off-site or shipped dangerous waste off-site during 1998.

Please type or print legibly in blue or black ink.

RCRA Site ID Number: CAD009452657

Name: Romic ENVIRONMENTAL TECHNOLOGIES

Address: 2081 BAY RD.  
E. PALO ALTO, CA 94303

Handler type: (Check all that apply.) ☐ Generator ☒ Transporter ☒ TSDR

RCRA Site ID Number: CAD000367755

Name: DIABLO TRANSPORTATION

Address: 5401 BYRON HOT SPRINGS RD.  
BYRON, CA 94514

Handler type: (Check all that apply.) ☐ Generator ☒ Transporter ☐ TSDR

RCRA Site ID Number: AZD009015389

Name: Romic ENVIRONMENTAL TECHNOLOGIES SW

Address: 6760 W ALLISON RD.  
CITANDLER, AZ 85226

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☒ TSDR

Comments:

Page 3

PLEASE ENTER:

YOUR Site ID #: \_\_\_\_\_

Site name: \_\_\_\_\_

RCRA Site ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

RCRA Site ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Handler type: (Check all that apply.) ☐ Generator ☐ Transporter ☐ TSDR

Page 4



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD 644036747

Site name: LONG FANTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 326514 (optional)

A-2. HYDROFLUORIC ACID USED IN MASONARY CLEANING

A-3. DOOR

A-4. WTO2

A-5. ☐ EHW ☒ PDW

A-6. ☒ No ☐ Yes

A-7. A 02

A-8. B 104

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 250 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. \_\_\_\_\_ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☐ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes ☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452657

M 121

250 P

Ø

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 5

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Point

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

Page 6

# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID # WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 311367 (optional)

A-2. SAND BLAST GRT w/ CHROMIUM + LEAD

A-3. D007 D008

A-4. WTO2

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 49

A-8. B 319

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 1600 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. \_\_\_\_\_ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452657

M 132

1600 P

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 23

# DANGEROUS WASTE ANNUAL REPORT

**PLEASE ENTER:**

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD 044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 306962 (optional)

A-2. RABS w/ METHYL ETHYL KETONE, XYLENE

A-3. \_\_\_\_\_

A-4. UTOR

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 409

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 400 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CA0009452657

M 061

400 P

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 15

## DANGEROUS WASTE ANNUAL REPORT

**PLEASE ENTER:**

YOUR SITE ID #:

Site name: \_\_\_\_\_

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

Page 26

# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 340085 (optional)

A-2. ABSORBANT w/ METHYL ETHYL KETONE

A-3. DOOL FUS

A-4. WTDZ

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 409

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 40 P ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR)  
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452657

M 043

40 P

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 27

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Paintings

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

Page 28



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Printing

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 326 S15 (optional)

A-2. MIXED ACID WASTE

A-3. D002

A-4. W702

A-5. ☐ EHW ☒ PDW

A-6. ☒ No ☐ Yes

A-7. A 57

A-8. B 104

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 270 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. \_\_\_\_\_ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452 65

M 121

270

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 29

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD044036747

Site name: LONG HAINSTING

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

[illegible]Page 30

# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Painting

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 340799 (optional)

A-2. PAINT CHIPS AND SOIL  
(LINABOND WASTE)

A-3. \_\_\_\_\_

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 53

A-8. B 301

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 3000 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. \_\_\_\_\_ ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR)  
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452657

M 132

3000

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 31

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID # WAJ044036747

Site name: LONG PRINTING

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

[illegible]Page 32



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WA204486747

Site name: Long Painting

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 326516 (optional)

A-2. UNUSED CORROSIVE LIQUID (Isa Prod 184)

A-3. Door

A-4. W702

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 02

A-8. B 110

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 100 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR)  
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD009452652

M 121

100

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 33

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD 044036747

Site name: Long Pantina

**B-5. To be completed by LQG & TSDR only.**

f. Date Shipped  
(mm/dd)

**// . Manifest Document  
Number**

**iii. Internal Tracking Code (optional)**

**iv. Designation Facility (TSDR)**  
**RCRA Site ID Number**

v. Quantity Shipped

9/23/98

32565

326516

CA009952657

1007

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

Page 34

# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Painting

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 3214PO (optional)

A-2. Paint chips + Debris w/ Lead

A-3. P008

A-4. W702

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 08

A-8. B 409

A-9. ☐ i ☒ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 150 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes ☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

WAD 009452657

M 132

150 P

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 35

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD044036747

Site name: Long Painting

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

[illegible]Page 26



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 300372 (optional)

A-2. WASTE PAINT w/ METHYL ETHYL KETONE, TOLUENE, ACETONE, XYLENE, METHYL ISOBUTYL KETONE

A-3. D001 D006 D007 D008 D035 F003, F005 A-4. W702

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 209

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 56400 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes ☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452657

M 021

56400

40%

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 7

# DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PRINTING

## B-5. To be completed by LQG & TSDR only.

i. Date Shipped (mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code (optional)	iv. Designation Facility (TSDR) RCRA Site ID Number	v. Quantity Shipped
1/22/98	19351	300372	<del>WAD</del> CAD009452657	2800 P
2/11/98	18804	"	"	8450 P
3/19/98	19484	"	"	2000 P
3/31/98	19493	"	"	6500 P
4/28/98	19569	"	"	1500 P
5/12/98	19597	"	"	1000 P
5/20/98	20300	"	"	3000 P
6/4/98	20314	"	"	1000 P
6/18/98	20331	"	"	800 P
6/25/98	20335	"	"	400 P
7/16/98	20372	"	"	3350 P
7/28/98	20382	"	"	4320 P
8/06/98	20846	"	"	800 P
8/19/98	20862	"	"	380 P
8/26/98	20871	"	"	800 P
9/10/98	32534	"	"	2800 P
9/16/98	32551	"	"	2000 P
9/23/98	32564	"	"	900 P
9/30/98	32569	"	"	800 P
10/07/98	32572	"	"	2400 P
10/21/98	32589	"	"	3200 P

If additional space is required, use continuation sheet on the following page.

### C. Comments

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Page 8

Site name: Long Point

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**DANGEROUS WASTE ANNUAL REPORT**

**You're not done yet.....**

**MQG and LQGs (with off-site shipments) and all TSDRs  
continue on to the OI Form:**



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 300373 (optional)

A-2. WASTE PAINT & STILL BOTTOMS w/ METHYL ETHYL KETONE, TOLUENE, XYLENE, ACETONE; METHYL ISO BUTYL KETONE

A-3. D001 D006 D007 D008 D005 F003

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 209

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 27490 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD 009 452 657

M 052

27490

40%

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 10

# DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD044036747

Site name: LONG PAVING

## B-5. To be completed by LQG & TSDR only.

i. Date Shipped (mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code (optional)	iv. Designation Facility (TSDR) RCRA Site ID Number	v. Quantity Shipped
1/22/98	19351	300373	CAD009452657	2600 P
2/11/98	18804	"	"	650 P
3/19/98	19484	"	"	4000 P
3/31/98	19493	"	"	3000 P
4/28/98	19569	"	"	4000 P
5/12/98	19597	"	"	2500 P
6/4/98	20314	"	"	500 P
6/18/98	20331	"	"	400 P
6/25/98	20335	"	"	800 P
7/16/98	20372	"	"	500 P
7/28/98	20382	"	"	1440 P
8/6/98	20846	"	"	800 P
8/19/98	20862	"	"	800 P
8/26/98	20871	"	"	800 P
9/10/98	32534	"	"	1200 P
9/16/98	32551	"	"	400 P
9/23/98	32564	"	"	300 P
10/7/98	32572	"	"	400 P
10/21/98	32589	"	"	400 P
11/5/98	32616	"	"	400 P
11/24/98	20884	"	"	400 P

If additional space is required, use continuation sheet on the following page.

### C. Comments

A3: EXTRA CODE: F405

Page 11



**You're not done yet.....**

**MQG and LQGs (with off-site shipments) and all TSDRs  
continue on to the OI Form:**



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PRINTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 340127 (optional)

A-2. METHYL ETHYL KETONE w/ TOLUENE, NAPHTHA

A-3. DOOL FOODS

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 203

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 12050 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452657

M

021

12050

70%

M

M

M

Page 13

**DANGEROUS WASTE ANNUAL REPORT**

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PASTING

**B-5. To be completed by LQG & TSDR only.**

i. Date Shipped (mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code (optional)	iv. Designation Facility (TSDR) RCRA Site ID Number	v. Quantity Shipped
5/12/98	19597	340127	CAD009452657	1500 P
5/20/98	20300	"	"	500 P
6/4/98	20314	"	"	1000 P
6/18/98	20331	"	"	1200 P
6/25/98	20335	"	"	300 P
7/16/98	20372	"	"	
8/21/98	20862	"	"	500 P
8/26/98	20871	"	"	400 P
9/10/98	32534	"	"	800 P
9/16/98	32551	"	"	400 P
9/23/98	32564	"	"	300 P
9/30/98	32569	"	"	750 P
10/7/98	32572	"	"	400 P
10/21/98	32589	"	"	400 P
11/5/98	32617	"	"	400 P
12/18/98	98780	"	"	3200 P

If additional space is required, use continuation sheet on the following page.

**C. Comments**

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Page 14

# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PAINTING

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 340128 (optional)

A-2. METHYL ETHYL KETONE, TOLUENE

A-3. DOOL FOODS

A-4. WTDZ

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 203

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 3400 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes ☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452657

M 021

3400

56%

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 15

# DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: LONG PANTS

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

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# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Point

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 340101 (optional)

A-2. METHYL ETHYL KETONE, WATER, XYLENE, TOLUENE  
(LINE CLEANING, EQUIPMENT FLUSH)

A-3. D001 F003 F005

A-4. W02

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 21

A-8. B 203

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 12960 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR)  
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CA2009452657

M 021

12960

60%

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 17

## DANGEROUS WASTE ANNUAL REPORT

**PLEASE ENTER:**

YOUR SITE ID #: WAD 044036747

Site name: LONG PAINTING

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

[illegible]

Page 18

# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WADO 44036747

Site name: Long Painting

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 340035 (optional)

A-2. HYDROGEN PEROXIDE

A-3. D001

A-4. WT02

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 04

A-8. B 207

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 507 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452657

M 121

507

Ø

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 14

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Painting

**B-5. To be completed by LQG & TSDR only.**

**i. Date Shipped**  
(mm/dd)

**ii . Manifest Document  
Number**

**iii. Internal Tracking Code (optional)**

iv. Designation Facility (TSDR)  
RCRA Site ID Number

v. Quantity Shipped

5/20/98

20300

340035

CAD009452657

50 P

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

Page 20



# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Painting

FOR ECOLOGY USE ONLY:

Date received: \_\_\_\_\_

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 325274 (optional)

A-2. PAINT SOLIDS w/ LEAD

A-3. DOOR

A-4. WT02

A-5. ☐ EHW ☒ FDW

A-6. ☒ No ☐ Yes

A-7. A 08

A-8. B 409

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 2325 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☐ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes ☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent

CAD009452657

M 13R

2325

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

Page 21

## DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER :

YOUR SITE ID #: WAD044036747

Site name: LONG PANTING

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments

# GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #:

Site name:

044036747

WAD

Long Pointing

FOR ECOLOGY USE ONLY:

Date received:

Reference the instructions on pages 19 through 28 as you complete this form. Please type or print legibly in blue or black ink.

## A. Description of Dangerous Waste Stream

A-1. 340905 (optional)

A-2. RINSE WATER w/ LEAD

A-3. D008

A-4. W702

A-5. ☐ EHW ☒ DW

A-6. ☒ No ☐ Yes

A-7. A 06

A-8. B 102

A-9. ☒ i ☐ ii ☐ iii ☐ iv ☐ v (If v, answer A-9.a.)

A-9.a. M \_\_\_\_\_

## B. Waste Management Activities

B-1. 200 ☐ ST ☐ MT ☒ P ☐ K ☐ G ☐ L ☐ C (If G, L, or C, answer B-1.a.)

B-1.a. N/A ☐ Lbs/gal ☐ Specific Gravity ☐ Lbs/yd<sup>3</sup>

B-2. ☐ On-site ☒ Off-site ☐ Both

B-3. \_\_\_\_\_ M \_\_\_\_\_

B-3a. ☐ Yes

☐ No

B-3b. No longer required

B-4. i. Designated Facility (TSDR)  
ID Numbers

ii. System Code

iii. Quantity

iv. Recycling Percent

CAD 009452 657

M 081

200 P

0

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

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# DANGEROUS WASTE ANNUAL REPORT

PLEASE ENTER:

YOUR SITE ID #: WAD044036747

Site name: Long Painting

**B-5. To be completed by LQG & TSDR only.**

[illegible]

**If additional space is required, use continuation sheet on the following page.**

### C. Comments



**Washington State Recycling Credit**  
**Romic Environmental Technologies Corporation**

**INSTRUCTIONS:**

Prior or type the following generator information for each site location eligible for Washington State recycling credits. Enter each Romic profile number and a brief description in the table below. Return the completed form to: Romic Environmental Technologies Corp.- 5920 N.E. 87th Ave., Portland, OR 97220. You may also fax the form directly to: (503) 256-2690  
Attention: Customer Service

GENERATOR: Long Painting EPA ID#: WADD44036747  
ADDRESS: 8025 10th Ave. South Seattle, WA  
TELEPHONE: 206-763-8050 FAX: 206-767-4076  
CONTACT PERSON: John Carlson

PAGE 1 of 3

INFORMATION TO BE COMPLETED BY ROMIC PERSONNEL	
1. PROFILE #: <u>300372</u>	1. Waste Form Code: <u>B209</u> System Code: <u>M021</u>
DESCRIPTION: <u>Paint</u>	PERCENT RECYCLED: <u>40%</u>
2. PROFILE #: <u>300373</u>	2. Waste Form Code: <u>B209</u> System Code: <u>M021</u>
DESCRIPTION: <u>Paint / Still Bottoms</u>	PERCENT RECYCLED: <u>40%</u>
3. PROFILE #: <u>340101</u>	3. Waste Form Code: <u>B211</u> System Code: <u>M021</u>
DESCRIPTION: <u>Thinner</u>	PERCENT RECYCLED: <u>60%</u>

Authorized Romic Employee: Edward T. Allen Title: V.P. Sales

Authorized Romic Signature: Edward T. Allen Date: 2/17/99

**PLEASE RETAIN A FILE COPY FOR FIVE YEARS**  
ROMIC ENVIRONMENTAL TECHNOLOGIES CORP.- 5920 N.E. 87th Ave., Portland, OR 97220 (503) 256-2690

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Washington State Recycling Credits -

GENERATOR NAME: LONG PAINTING

PAGE 2 of 3

INFORMATION BELOW TO BE COMPLETED BY ROMIC PERSONNEL	
4. PROFILE #: <u>340127</u>	4. Waste Form Code: <u>B203</u> System Code: <u>M021</u>
DESCRIPTION: <u>Methyl Ethyl Ketone</u>	PERCENT RECYCLED: <u>70%</u>
5. PROFILE #: <u>326515</u>	5. Waste Form Code: <u>B105</u> System Code: <u>M141</u> <u>M121</u>
DESCRIPTION: <u>Mixed Acids</u>	PERCENT RECYCLED: <u>0</u>
6. PROFILE #: <u>325274</u>	6. Waste Form Code: _____ System Code: <u>M132</u>
DESCRIPTION: <u>Paint Chips</u>	PERCENT RECYCLED: <u>0</u>
7. PROFILE #: <u>340799</u>	7. Waste Form Code: _____ System Code: <u>M132</u>
DESCRIPTION: <u>Paint Chips</u>	PERCENT RECYCLED: <u>0</u>
8. PROFILE #: <u>326516</u>	8. Waste Form Code: <u>B105</u> System Code: <u>M041</u>
DESCRIPTION: <u>Isoprop 184</u>	PERCENT RECYCLED: <u>0</u>
9. PROFILE #: <u>321480</u>	9. Waste Form Code: _____ System Code: <u>M132</u>
DESCRIPTION: <u>Paint Chips / Debris 1/8</u>	PERCENT RECYCLED: <u>0</u>
10. PROFILE #: <u>340905</u>	10. Waste Form Code: <u>B102</u> System Code: <u>M081</u>
DESCRIPTION: <u>Rinse Water</u>	PERCENT RECYCLED: <u>0</u>
11. PROFILE #: <u>326514</u>	11. Waste Form Code: <u>B105</u> System Code: <u>M043</u>
DESCRIPTION: <u>Masonry Cleaner</u>	PERCENT RECYCLED: <u>0</u>
12. PROFILE #: <u>340128</u>	12. Waste Form Code: <u>B203</u> System Code: <u>M021</u>
DESCRIPTION: <u>Methyl Ethyl Ketone</u>	PERCENT RECYCLED: <u>56%</u>
13. PROFILE #: <u>340035</u>	13. Waste Form Code: <u>B110</u> System Code: <u>M121</u>
DESCRIPTION: <u>Unused Hydrogen Peroxide</u>	PERCENT RECYCLED: <u>0</u>

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02/17/89 12:00 FAX 503 256 2719  
02/17/99 12:28 ROMIC ENV + 503 256 2719  
02/18/89 11:20 FAX 503 256 2719

ROMIC ENV TECH-N  
ROMIC ENV TECH-N

004  
NO. 001 009  
007

Washington State Recycling Credits -

GENERATOR NAME: Long Printing  
PAGE 3 of 3

INFORMATION BELOW TO BE COMPLETED BY ROMIC PERSONNEL	
1. PROFILE #: <u>311367</u> DESCRIPTION: <u>Sand Blast</u>	4. Waste Form Code: <u>B319</u> System Code: <u>M132</u> PERCENT RECYCLED: <u>0</u>
2. PROFILE #: <u>306962</u> DESCRIPTION: <u>MEK Rags</u>	5. Waste Form Code: _____ System Code: <u>M061</u> PERCENT RECYCLED: <u>0</u>
3. PROFILE #: <u>340085</u> DESCRIPTION: <u>Absorbant w/MEK</u>	6. Waste Form Code: <u>B419</u> System Code: <u>M043</u> PERCENT RECYCLED: <u>0</u>
7. PROFILE #: _____ DESCRIPTION: _____	7. Waste Form Code: _____ System Code: _____ PERCENT RECYCLED: _____
8. PROFILE #: _____ DESCRIPTION: _____	8. Waste Form Code: _____ System Code: _____ PERCENT RECYCLED: _____
9. PROFILE #: _____ DESCRIPTION: _____	9. Waste Form Code: _____ System Code: _____ PERCENT RECYCLED: _____
10. PROFILE #: _____ DESCRIPTION: _____	10. Waste Form Code: _____ System Code: _____ PERCENT RECYCLED: _____
11. PROFILE #: _____ DESCRIPTION: _____	11. Waste Form Code: _____ System Code: _____ PERCENT RECYCLED: _____
12. PROFILE #: _____ DESCRIPTION: _____	12. Waste Form Code: _____ System Code: _____ PERCENT RECYCLED: _____
13. PROFILE #: _____ DESCRIPTION: _____	13. Waste Form Code: _____ System Code: _____ PERCENT RECYCLED: _____

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# ELECTRONIC DATA SUBMITTAL Dangerous Waste Annual Reporting

February 26, 1999

## 1998 Annual Reporting Extension

The Department of Ecology has extended the 1998 Annual Reporting submittal date to March 31, 1999 for the following site(s):

Company Name: Long Painting  
RCRA Site ID#s: WAD 044 036 747

Sincerely,  
*Jean Rushing*  
Jean Rushing  
Department of Ecology  
Hazardous Waste Information  
(360) 407-6732

Post-It* Fax Note	7671	Date	2/26	# of Pages	1
To	John Carlson	From	Jean Rushing		
Co./Dept.		Co.			
Phone #		Phone #	360-467-6732		
Fax #	206-767-4076	Fax #			

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